PTO/SB/06 (08-03)

TIONAL FEE

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RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter *0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY

		CLAIMS		LUCUEOT					SIVIA
ENT A		REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDI- TIONAL		
	Total		Minus	. 67/	=				
Ω	(37 CFR 1.16(c))	→		\mathcal{O}_{φ}		X \$ =]	OR	x t =
Z	Independent	· 1	Minus	/	=		 	OK	^•
핗	(37 CFR 1.16(6))			_ /5		x s_ =		OR	Y
중		.,,				OK .			
_``	FIRST PRESENT	ATION OF MULTIPLE	DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+ =		OR	4.
								OK	<u> </u>
		*				TOTAL			TOTAL
	*					ADD'L FEE	L	OR	ADD'L FEE

		(Column 1)		(Column 2)	(Column 3)					
ENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Ξ	Total (37 CFR 1.16(c))	•	Minus	••	=	V				FEE
X	Independent (37 CFR 1.16(b))	•	Minus	***	=	× \$=		OR	X \$=	
AME	(0. 0.11.1.10(0))	<u> </u>	L	<u> </u>		X \$=		OR	x \$=	
۷	FIRST PRESENT	TATION OF MULTIPLE	ENT CLAIM (37 CF	+ \$=		OR	+s =			
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	·

	·	(Column 1)		(Column 2)	(Column 3)					٠.
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
DME	Total (37 CFR 1.18(c))	•	Minus	••	=	,	, <u></u>			FEE
AMEN	Independent	•	Minus	444	=	X \$=		OR OR	X \$=	
	FIRST PRESENT	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	+s =		OR	+ 5 =	
		•				TOTAL			TOTAL	

ADD'L FEE

(Column 1)

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the entry in column 1 is less than the entry in column 2, write 0 in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.